

GET THE MOST FROM YOUR HEALTH PLAN



Know Your Benefits

Blue Cross and Blue Shield of Texas Personal Health Assistants are trained to assist you with any questions you may have about your medical benefits and coverage. Call a BCBSTX Personal Health Assistant toll-free at **(800) 252-8039**, Monday – Friday 7 a.m. – 7 p.m. and Saturday 7 a.m. – 3 p.m. CT. You can also go to **www.healthselectoftexas.com** and register or log in to Blue Access for MembersSM, or download the BCBSTX App to access your account anytime.



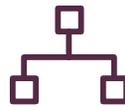
Stay in the Network

The HealthSelectSM network includes more than 50,000 health care providers across Texas. You'll pay less if you see a network provider. To find in-network providers, go to the "Find a Doctor/Hospital" page on **www.healthselectoftexas.com**.



Primary Care Provider for Preventive Care and other Health Care Needs

If you are in the HealthSelect of Texas[®] plan, you are required to choose a Primary Care Provider (PCP). Your PCP will help you with preventive care and other health care needs so you can catch and address medical issues early. Most preventive care is covered at 100% with no cost to you. HealthSelect of Texas participants must choose an in-network PCP to get the highest level of benefits. You can select or change your PCP by calling a BCBSTX Personal Health Assistant toll-free at **(800) 252-8039** or by logging in to Blue Access for Members.



Referrals and Prior Authorizations

If you are in the HealthSelect of Texas plan, you are required to get a referral before you see a specialist and/or a prior authorization for certain services, including inpatient hospital stays, surgery and durable medical equipment. Your PCP can help you with referrals and prior authorizations, if needed. You can also call a BCBSTX Personal Health Assistant for assistance with a referral or prior authorization.



HealthSelectShoppERSSM in Provider Finder[®]

With HealthSelectShoppERS, you save money and earn up to \$500 in TexFlex FSA rewards each plan year when you shop for care and choose lower-cost, in-network providers for certain medical procedures and services. To see if a medical service or procedure is eligible for a reward and begin shopping, log in to Blue Access for Members and click on "Find a Doctor or Hospital" to compare costs in Provider Finder and select a HealthSelectShoppERS rewards-eligible location.



Know Your Options for Care

Your benefits include options for lower-cost, quality care, including Virtual Visits. Visit the "Options for Care" page under "Find a Doctor/Hospital" in the left-hand menu on **www.healthselectoftexas.com** to learn more about your options for care.

Save money when you stay in the HealthSelect network.

Staying in-network is one of the best ways you can control your health care costs and save money. Here's why.

When you see an out-of-network provider:

- You'll pay an out-of-network deductible before the plan pays anything. In Plan Year 2021, those enrolled in HealthSelect of Texas and HealthSelectSM Out-of-State have a \$500 per individual and \$1,500 per family out-of-network deductible. If you're enrolled in Consumer Directed HealthSelectSM, the out-of-network deductible—at \$4,200 per individual and \$8,400 per family—is twice as much as the in-network deductible. After you meet the out-of-network deductible, you'll pay at the higher out-of-network coinsurance level—and there is no out-of-network coinsurance maximum for Consumer Directed HealthSelect participants.
- You won't get the lower, negotiated price for health care that BCBSTX has agreed upon with providers in the HealthSelect network. Because the plan pays charges based on this negotiated amount (also called the allowable amount) and not on the amount the provider bills, you could owe significantly more, sometimes thousands more.
- Your provider may bill you for the difference between the amount they charge and the allowable amount your plan covers. This is called balance billing. For example, if the provider's charge is \$2,500 and your plan's allowable amount is \$1,000, the provider may charge you the remaining \$1,500. An in-network provider cannot balance bill you for covered services.

This table shows an example of the cost difference between having a procedure performed by an in-network provider versus an out-of-network provider when you haven't yet met your HealthSelect of Texas individual deductible. If you are enrolled in Consumer Directed HealthSelect, you are responsible for paying the full cost of care until you meet your annual deductible—only certain preventive services are covered without cost sharing before you meet your deductible.

		IN-NETWORK	OUT-OF-NETWORK
Amount billed by the doctor		\$2,500	\$2,500
Allowable amount This is the maximum amount the plan will pay for a service		\$1,000	\$1,000
Deductible		No Deductible	\$500 Deductible per person \$1,500 Deductible per family
Plan discounts This is the amount negotiated by your plan with in-network providers to help save you money		\$1,500	\$0 When you use an out-of-network provider, you will not get a discount from your plan
What you owe Includes applicable deductibles, copays, coinsurance and any balance billing that may apply	Your cost share	\$200 You pay 20% of the allowable amount	\$200 + \$500 Deductible You pay 40% of the allowable amount after you pay your \$500 deductible
	Amount that you could be balance billed by the provider	\$0 You'll never be balance billed by a network provider	\$1,500
HealthSelect of Texas pays HealthSelect will pay the difference between the allowable amount and the amount you owe (based on your plan benefits)		\$800	\$300 Plan pays 60% of the allowable amount after you meet the deductible
Your total responsibility		\$200	\$2,200

EXAMPLE

This example is for illustrative purposes only and does not represent the cost of an actual procedure.

Blue Cross and Blue Shield of Texas (BCBSTX) is the third-party administrator for HealthSelectSM of Texas and Consumer Directed HealthSelectSM.

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